

EMPLOYER'S AUTHORIZATION FOR EXAMINATION and/or TREATMENT

Employer must complete this form prior to the employee visit. Employee must present photo ID at time of service.

Employer Physical Address 115 N. Main Street, Statesboro, GA 30458 Employer Billing Address 115 N. Main Street, Statesboro, GA 30458 Employer PRIMARY Contact Name Thomas Capper Employer PRIMARY Contact Name Thomas Capper Employer PRIMARY Contact Name (912)764-0100 Employer PRIMARY Work Phone (912)764-0100 Employer PRIMARY Contact E-Mail tcapper@bullochcounty.net Employer PRIMARY Contact Best contact: Work Phone Employer DER Name: Work Phone Authorization Visit	Employer Company Name Bulloch County Board of Commissioners	
Employer Billing Address 115 N. Main Street, Statesboro, GA 30458 Employer PRIMARY Thomas Capper Critact River PRIMARY (912)764-0100 Employer PRIMARY (912)764-0100 Modele Phone Employer PRIMARY (912)764-0100 Employer PRIMARY (912)764-0100 Employer PRIMARY (912)764-4609 Employer PRIMARY (102)764-4609 Employer PRIMARY (912)764-4609 Employer PRIMARY (102)764-4609 Employer PRIMARY (912)764-4609 Employer PRIMARY (102)764-4609 Employer PRIMARY (912)764-4609 Signature Watch (102)7764-700 Employer PRIMARY (912)764-4609 Signature Watch (102)7764-700 Employer PRIMARY (912)764-4609 Bill EMPLOYER (see Employer Billing Address above) Employer DR (102)7764-4609 Bill EMPLOYER (see Employer Billing Address above) Employer DR (102)7764-4600 Bill EMPLOYER (see Employer Billing Address above) DOT Rev Certification Bill EMPLOYER (see Employer Billing Address above) DOT Rev Certification Bill EMPLOYER (see Employer Billing Address above) DOT Rev Certification Bill WORKERS' COMPENSATION Insurance Company / TPA*: Contact ACCG Colume Fax: 578.225.4240 [888.221.407 200 Maloy Lane Sate Tota Screen and/or Breath Accolol Test regular Addres above DOT Physical - New Certificati	Patient Name	Patient SSN/ID#
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Contact Time Lokk Management Technician Contact Time Rolk Management Technician Employer PRIMARY Mole Phone More Mark (912)764-0100 Employer PRIMARY Contact Fax Contact Fax Employer PRIMARY Contact Fax Contact Fax Employer PRIMARY Contact Fax Contact Fax Contact Fax Exployer PRIMARY Contact Fax Contact Fax Contact Fax Contact Fax Contact Fax EMPLOYER (see Employer Billing Address above) Date Bill EMPLOYER (see Employer Billing Address above) REASON FOR TESTING Bill WORKERS' ComPlexSATION Insurance Company / TPA*: Reasonable Suspicion Contact ACCO Claims Garwwick TEL: 404.514.2553 877.421.6298 Farwin, TN 37067 Bill MORKERS' ComPERSATION Insurance Company / TPA*: Contaret ACCO Claims <td colspan="2">Employer Billing Address 115 N. Main Street, Statesboro, GA 30458</td>	Employer Billing Address 115 N. Main Street, Statesboro, GA 30458	
Work Prione [912]/64-0100 Mobile Prione Employer PRIMARY Contact Fax [912]/764-4609 Contact Environment Employer PRIMARY Contact Fax (912)/764-4609 Employer PRIMARY Contact Fax Contact Best contact: Work Phone Employer PRIMARY Contact Fax Thomas Capper Bill Status Employer PRIMARY Signature Visit Bill LING INFORMATION Date Bill EMPLOYER (see Employer Billing Address above) Date Bill COYER (see Employer Billing Address above) Pre-employment Bill COYER (see Employer Billing Address above) Pre-employment Bill VOYER (see Employer Billing Address above) Pre-employment Bill VOYER (see Employer Billing Address above) DOT New Cartification Bill VOYER (see Employer Billing Address above) DOT New Cartification Bill VOYER (see Employer Billing Address above) DOT New Cartification Bill VOYER (see Employer Billing Address above) DOT New Cartification Bill VOYER (see Employer Billing Address above) DOT New Cartification Bill VOYER (see Employer Milling Address above) DOT New Cartification		Contact Title Risk Management Technician
Contact E-Mail Contact Fax (912)/64-4609 Employer PRNAW Contact Fax (912)/64-4609 Employer DER Thomas Capper Employer DER Name: Thomas Capper Employer DER Authorization Visit Date Bill EMPLOYER (see Employer Billing Address above) EMPLOYER (see Employer Billing Address above) REASON FOR TESTING SERVICES Bill WPLOYER (see Employer Billing Address above) EMPLOYER (see Employer Billing Address above) DRUG and ALCOHOL TESTING SERVICES Bill WDRERS COMPENSATION Insurance Company / TPA*: Ontexet ACCG Claims Pre-employment Reasonable Suspicion Bill WORKERS COMPENSATION Insurance Company / TPA*: ODT New Certification DDT Recertification ETST REQUIRED: Bill WARKERS COMPENSATION Insurance Company / TPA*: Context ACCG Glaims Pre-employment Reasonable Suspicion Bill WARKERS COMPENSATION Insurance Company / TPA*: DOT New Certification DDT Recertification DT Recertification TEL: 404.614.2553 [877.421.6298 CareWorks ATTH: ACCGGSWCF ATTH: ACCGGSWCF Instant DDT Prescale Clueton only EMAIL: acceptationsmail@accg.org Sate 139.324 Franable Dire Screen Breath Alcohol Test	Employer PRIMARY Work Phone (912)764-0100	
Contact Best contact: I Work Phone Imail Farall Imail Farall		1 ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Name: Inomas Capper Best Contact: tcapper@bullochcounty.net Adthorization Visit Date Bill EMPLOYER (see Employer Billing Address above) EMPLOYER (see Employer Billing Address above) Readom Bill EMPLOYER (see Employer Billing Address above) Presemployment Readom Bill WORKERS' COMPENSATION Insurance Company / TPA*: Reasonable Suspicion DOT New Certification TEL: 404.614.2553 877.421.6298 CareWorks TIN:ACCOGSWCF DOT New Certification DOT Recertification FAX: 678.225.4240 888.221.4079 Z000 Malory Lane Sule 130.324 Brankin, TN 37867 EMAIL: accgetaimsmail@accg.org Sule 130.324 Brankin, TN 37867 Claim # Light Duty is Available Besure to indicate Drug Screen and/or Breath Alcohol Test Besure to indicate Drug Screen and/or Breath Alcohol Test DOT Physical - New Certification Box Screens and/or Breath Alcohol Tests REVICES DOT Physical - New Certification Besure to indicate Drug Screen and/or Breath Alcohol Tests REVICES DOT Physical - New Certification Besure to indicate Drug Screen and/or Breath Alcohol Tests REVICES DOT Physical Certification Besure to indicate Drug Screen and/or Breath Alcohol Tests REVICES DOT Physical Certification		
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TEL: 404.614.2553 R77.421.6298 Claim # ATTN: ACCGGSIWCF ATTN: ACCGGSIWCF 2000 Malory Lane Suite 130-324 FAX: 678.225.4240 B88.221.4079 ZMAIL: accgclaimsmail@accg.org Suite 130-324 Franklin, TN 37067 Instant Claim # Instant Date of Injury: Instant Evaluate and Treat Light Duty is Available Be sure to indicate Drug Screen and/or Breath Alcohol Test required under DRUG and ALCOHOL TESTING SERVICES Are Drug Screens and/or Breath Alcohol Tests covered by Workers' Comp Ins Co/TPA? Y N Paperwork to employer Gail employer Give all paperwork to employer Give all paperwork to employee Give DT card/Instant Screen Results Card only SPECIAL INSTRUCTIONS SPECIAL INSTRUCTIONS	Contact ACCG Claims Please mail all medical bills to:	
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PAX: 878.223.4240 [388.221.4079 2000 Malory Lane Suite 130-324 Suite 130-324 Frankin, TN 37067 I Lab-based Claim # I Instant WORK-RELATED INJURY CARE Date of Injury: I Light Duty is Available Be sure to indicate Drug Screen and/or Breath Alcohol Test required under DRUG and ALCOHOL TESTING SERVICES Are Drug Screens and/or Breath Alcohol Tests covered by Workers' Comp Ins Co/TPA? I Y I N IN/A REPORTING RESULTS Give all paperwork to employer Give all paperwork to employee Give DT card/Instant Screen Results Card only SPECIAL INSTRUCTIONS Date DT MetaDT Beta DT	ATTN: ACCGGSIWCF	5
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